

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/077029	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/		/		/		51		
2	/		/		/		52		
3		/		/		/	53		
4		/		/		/	54		
5	/		/		/		55		
6	/		/		/		56		
7	/		/		/		57		
8	/		/		/		58		
9		2		/		/	59		
10		/		/		/	60		
11		/		/		/	61		
12		4		/		/	62		
13		4		/		/	63		
14		0		/		/	64		
15		0		/		/	65		
16		0		/		/	66		
17		0		/		/	67		
18		0		/		/	68		
19		0		/		/	69		
20	/		/		/		70		
21	/		/		/		71		
22	/		/		/		72		
23	/		/		/		73		
24	/		/		/		74		
25		2		/		/	75		
26		/		/		/	76		
27		/		/		/	77		
28		4		/		/	78		
29		/		/		/	79		
30		4		/		/	80		
31		0		/		/	81		
32		0		/		/	82		
33		0		/		/	83		
34	/		/		/		84		
35	/		/		/		85		
36	/		/		/		86		
37	/		/		/		87		
38	/		/		/		88		
39	/		/		/		89		
40		5		/		/	90		
41		2		/		/	91		
42		1		/		/	92		
43		1		/		/	93		
44		1		/		/	94		
45		5		/		/	95		
46		0		/		/	96		
47		0		/		/	97		
48		0		/		/	98		
49		0		/		/	99		
50							100		
TOTAL IND.	17		17		17		TOTAL IND.		
TOTAL DEP.	55		32		32		TOTAL DEP.		
TOTAL CLAIMS	72		49		49		TOTAL CLAIMS		